BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **THOMAS A. VETTO, M.D.** Holder of License No. 15826 For the Practice of Allopathic Medicine In the State of Arizona.	Case No. MD-07-0562A **CONSENT AGREEMENT FOR DECREE OF CENSURE**

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Thomas A. Vetto, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges that he has the right to consult with legal counsel regarding this matter.

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any

waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding. The acceptance of this Consent Agreement does not preclude any other agency, subdivision or officer of this State from instituting other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

6. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the acceptance of the Consent Agreement. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

8. If the Board does not adopt this Consent Agreement, Respondent will not assert as a defense that the Board's consideration of this Consent Agreement constitutes bias, prejudice, prejudgment or other similar defense.

9. This Consent Agreement, once approved and signed, is a public record that will be publicly disseminated as a formal action of the Board and will be reported to the National Practitioner Data Bank and to the Arizona Medical Board's website.

10. If any part of the Consent Agreement is later declared void or otherwise unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force and effect.

11. Any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.

THOMAS A. VETTO, M.D.

DATED: 5/9/08

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 15826 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-07-0562A after receiving a complaint regarding Respondent's care and treatment of a fifty-seven year-old female patient ("KB"). KB had a significant past medical history of chronic obstructive pulmonary disease (COPD) and depression, for which she was taking Prozac and Wellbutrin.

4. On December 26, 2005 at 7:00 p.m., KB was transported to the emergency department (ED) after she presented to the local urgent care for dyspnea and documented hypoxemia of 82%. Respondent evaluated KB and treated her for severe headache, dyspnea and hypoxemia. During the course of treatment, Respondent ordered Ativan, Morphine and Phenergan for KB without documenting any indications or KB's responses to treatment. The administration of the Morphine is not recommended for a patient with a diagnosis of exacerbation of COPD because it causes respiratory depression. Rather, it is recommended that the physician conduct an arterial blood gas (ABG) to assess the patient's respiratory statistics and to determine whether the patient is retaining carbon dioxide (CO2). There was no indication Respondent performed an ABG prior to administering the Morphine. It also is recommended that a physician recognize that a patient's current medications could increase the level and effect of Morphine through hepatic enzyme induction and may exaggerate its effect. There was no indication that Respondent recognized that the Prozac and Wellbutrin increased the level and effect of the Morphine through hepatic enzyme induction and may have exaggerated its effect.

5. Subsequently, KB became restless and agitated with no respiratory distress. Respondent ordered Narcan; however, there was no documented indication for administering Narcan as Narcan is not recommended for treating agitation. Rather, it is given to reverse opioid respiratory depression and the level of consciousness. Therefore, if respiratory and mental status depression were present in KB, an ABG was indicated to evaluate for CO2 narcosis (a condition resulting from high levels of carbon dioxide in the blood) and not Narcan. Respondent awakened KB using an ammonia capsule and then repeated the Narcan. Fifty minutes later, Respondent again gave KB Morphine even though Respondent had to awaken her with Narcan from a prior administration of Morphine.

6. Subsequently, KB's oxygen requirements steadily increased to maintain her saturations; however, no ABG was obtained and no follow up examination was performed by Respondent. KB became restless, tachycardic, tachypneic and hypoxic. Respondent ordered more sedation with Ativan and a central nervous system computed tomography (CT) scan. Following the completion of the CT scan, there was no assessment of her or any further documentation until a change of shift on December 27, 2005 at 7:00 a.m., when her vitals were obtained. At that time, KB had been admitted to the hospital on paper, even though she remained in the ED. There was no documentation transferring KB's care and treatment to the admitting physician or any documentation of communication between Respondent and admitting physician.

7. For the next three hours, KB had one set of vitals completed and nursing staff documented that she was resting comfortably. There was no assessment by oncoming ED physician. At approximately 10:00 a.m., KB was found unresponsive with absent corneal reflexes. ED physician intubated KB and initiated a code. KB was in

ventricular fibrillation and pulseless at 12:00 p.m. KB was admitted briefly to the critical care unit, but subsequently died at 1:38 p.m.

8. The standard of care requires a physician to obtain ABG's to assess respiratory status and to determine whether the patient is retaining CO2.

9. Respondent deviated from the standard of care because he did not obtain an ABG to assess KB's respiratory status and to determine whether KB was retaining CO2.

10. The standard of care requires a physician to recognize adverse patient response to the medication Morphine and avoid repeat administration unless benefits clearly outweigh the risk.

11. Respondent deviated from the standard of care because he did not recognize KB's adverse response to Morphine because he re-administered Morphine after KB demonstrated an earlier adverse response that required Narcan.

12. The standard of care requires a physician to recognize and be knowledgeable of potential drug interactions and to recognize an abnormal response to medication as a possible drug interaction.

13. Respondent deviated from the standard of care because he did not recognize and was not knowledgeable of the potential drug interactions with KB's current medications and he did not recognize the abnormal response to the Morphine as a possible drug interaction.

14. The standard of care requires an ED physician to provide continual care of a patient while the patient is still in the ED, but technically admitted to the hospital.

15. Respondent deviated from the standard of care because he did not provide KB with continual care while she was still in the ED even though she was technically admitted to the hospital.

16. Respondent's failure to obtain an ABG to assess KB's respiratory status, his repeated failure to take appropriate steps to monitor and recognize an adverse her response to medications and his continued administration of medications after she had had an adverse response led to her death from respiratory failure.

17. A physician is required to maintain adequate legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment. A.R.S. § 32-1401(2). Respondent's records were inadequate because there was no documentation of indications for treatment or KB's responses to treatment, no documentation transferring KB's care and treatment to the admitting physician and no documentation of communication between Respondent and the admitting physician.

18. Respondent asserts that he has a disabling medical condition and cannot resume the practice of medicine.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. Respondent acknowledges that the Board has substantial evidence that supports a finding of unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e) ("[f]ailing or refusing to maintain adequate records on a patient."), A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.") and A.R.S. § 32-1401 (27)(ll) ("[c]onduct that the board determines is gross negligence, repeated negligence or negligence resulting in harm to or the death of a patient.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Decree of Censure for failure to obtain an arterial blood gas to assess respiratory status and to determine whether the patient is retaining carbon dioxide, for repeated failure to take appropriate steps to monitor and recognize an adverse patient response to medications, for continuing to inappropriately administer medications after the patient's adverse response occurred, for failure to provide continual care of a patient while the patient is still in the emergency department, but technically admitted to the hospital and for failure to maintain adequate records.

2. This Order is the final disposition of case number MD-07-0562A.

DATED AND EFFECTIVE this 5TH day of JUNE, 2008.

(SEAL)

ARIZONA MEDICAL BOARD

By _____
Lisa S. Wynn
Executive Director

ORIGINAL of the foregoing filed this 5th day of June, 2008 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed this 5th day of June, 2008 to:

Cal Raup, Esq.
Raup & Hergenroether, PLLC
One Renaissance Square, Suite 1100
Two North Central Avenue
Phoenix, AZ 85004

EXECUTED COPY of the foregoing mailed this 5th day of June, 2008 to:

Thomas A. Vetto, M.D.
Address of Record

Investigational Review